

# Minot, ND

Ranking Summary (of 306 Local Areas)	2016 Scorecard		2012 Scorecard (Rev.) <sup>a</sup>	
	Quintile	Rank	Quintile	Rank
<b>OVERALL</b>	<b>3</b>	<b>134</b>	<b>2</b>	<b>107</b>
Access & Affordability	2	83	2	90
Prevention & Treatment	4	211	2	102
Avoidable Hospital Use & Cost	3	131	2	88
Healthy Lives	3	128	4	188

Change in Performance <sup>c</sup>	2016 Scorecard	
	count	percent
Indicators with trends	32	100%
Area rate improved	8	25%
Area rate worsened	7	22%
Little or no change in area rate	17	53%

Percentage of Indicators This Area Ranked in the:	2016 Scorecard	
	count	percent
Total indicators	35	100%
Top 10th percentile	6	17%
Top quintile	7	20%
2nd quintile	7	20%
3rd quintile	9	26%
4th quintile	5	14%
Bottom quintile	7	20%
Bottom 10th percentile	7	20%

Demographic Characteristics <sup>b</sup>	Minot, ND	U.S. Average
<b>Total Population</b>	<b>145,504</b>	<b>313,922,028</b>
Median Household Income	\$72,787	\$58,489
Below 200% of Federal Poverty Level (FPL)	24%	34%
200% to 399% of FPL	35%	30%
400% of FPL or higher	41%	36%
% White Race, Non-Hispanic	85%	62%
% Black Race, Non-Hispanic	2%	12%
% Other Race, Non-Hispanic	10%	8%
% Hispanic Ethnicity	3%	17%

Estimated Impact of Local Improvement <sup>d</sup>	
If Minot, ND improved its performance to the level of the best-performing local area for this indicator, then:	
5,251	more adults (ages 19–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed
23,508	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
8,555	more adults would receive age and gender appropriate recommended preventive care, such as colon cancer screenings, mammograms, and pap smears
239	fewer Medicare beneficiaries would receive an unsafe medication
46	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
56	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
848	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries
6,328	fewer adults (ages 18–64) would have lost six or more teeth because of tooth decay, infection, or gum disease

## Notes

(a) Ranks from the 2012 edition of the Local Scorecard have been revised to match methodology and measure definitions used in the 2016 edition.

(b) The Local Scorecard reports at the level of the Hospital Referral Region (HRR), an area representing the local market for health care services, defined by health care utilization patterns. HRR boundaries may differ from other commonly used region definitions (e.g., county or Metropolitan Statistical Areas).

(c) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all Hospital Referral Regions (HRRs) over the two time points. Little or No change denotes no change in rate or a change of less than one-half of a standard deviation.

(d) The table shows the estimated impact if this HRR's performance improved to the rate of the best-performing HRR for eight Scorecard indicators. Benchmark HRRs, those with the best rate, have an estimated impact of zero (0).

[See the interactive 2016 Local Scorecard report and link to Scorecard methodology at www.CMWF.org.](#)

Table 1. Local Area Health System Performance Indicator Data by Dimension

Dimension and Indicator	Data Year	Minot, ND			Benchmarks			Data Year	Area Rate	U.S. Average	Substantial Change Over Time <sup>1</sup>	
		Performance Quintile	Rank (of 306 )	Area Rate	North Dakota Rate	U.S. Average	Best Area Rate					
ACCESS & AFFORDABILITY								2016 Scorecard			Baseline	
Adults ages 19–64 uninsured	2014	2	91	13%	10%	16%	4%	2012	15%	21%	No Change	
Children ages 0–18 uninsured	2014	*	*	*	7%	6%	2%	2012	*	7%	--	
Adults who went without care because of cost in past year	2013/14	1	3	7%	7%	15%	6%	2011/12	11%	15%	Improved	
At-risk adults without a routine doctor visit in past two years	2013/14	5	257	18%	17%	14%	6%	2011/12	19%	14%	No Change	
Adults without a dental visit in past year	2012 & 2014	4	188	17%	14%	15%	9%	--	--	--	--	
PREVENTION & TREATMENT								2016 Scorecard			Baseline	
Adults with a usual source of care	2013/14	5	294	68%	75%	79%	90%	2011/12	71%	79%	Worsened	
Adults with age and gender appropriate cancer screenings	2012 & 2014	4	218	64%	66%	70%	79%	--	--	--	--	
Adults with age appropriate vaccines	2013/14	3	177	35%	39%	35%	49%	2011/12	34%	35%	No Change	
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2013	1	20	12%	12%	17%	9%	2011	13%	20%	No Change	
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2013	1	33	14%	12%	20%	9%	2011	15%	23%	No Change	
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, pneumonia, or stroke	07/2011 - 06/2014	4	237	13.3%	12.6%	12.8%	11.3%	07/2010 - 06/2013	13.5%	13.2%	No Change	
Hospital safety composite score <sup>2</sup>	07/2012 - 06/2014	2	86	0.8	0.8	0.8	0.6	07/2011 - 06/2013	1.0	0.9	Improved	
Hospitalized patients given information about what to do during their recovery at home	2014	5	293	82%	81%	86%	91%	2013	84%	86%	Worsened	
Hospitalized patients who reported hospital staff always managed pain well, responded when needed help to get to bathroom or pressed call button, and explained medicines and side effects	2014	5	275	63%	67%	68%	76%	2013	70%	68%	Worsened	
Home health patients who get better at walking or moving around	2014	5	297	53%	61%	63%	70%	2012	50%	59%	Improved	
Home health patients whose wounds improved or healed after an operation	2014	1	3	94%	89%	89%	96%	2012	96%	89%	Worsened	
High-risk nursing home residents with pressure sores	1/2015 - 9/2015	3	131	6%	4%	6%	1%	1/2013 - 9/2013	5%	6%	Worsened	
Long-stay nursing home residents with an antipsychotic medication	1/2015 - 9/2015	4	210	20%	19%	18%	7%	1/2013 - 9/2013	20%	21%	No Change	

Table 1. Local Area Health System Performance Indicator Data by Dimension (continued)

Dimension and Indicator	Data Year	Minot, ND			Benchmarks			Data Year	Area Rate	U.S. Average	Substantial Change Over Time <sup>1</sup>
		Performance Quintile	Rank (of 306 )	Area Rate	North Dakota Rate	U.S. Average	Best Area Rate				
2016 Scorecard								Baseline			
AVOIDABLE HOSPITAL USE & COST											
Hospital admissions among Medicare beneficiaries for ambulatory care–sensitive conditions, ages 65–74, per 1,000 beneficiaries	2014	2	95	23	22	27	9	2012	24	29	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care–sensitive conditions, age 75 and older, per 1,000 beneficiaries	2014	2	106	60	61	66	33	2012	57	70	No Change
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2014	3	145	28	28	27	10	2012	33	34	No Change
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2012	2	97	19%	16%	20%	12%	2010	20%	22%	No Change
Long-stay nursing home residents hospitalized within a six-month period	2012	3	161	19%	15%	17%	5%	2010	21%	19%	No Change
Home health patients also enrolled in Medicare with a hospital admission	2014	5	282	18%	18%	16%	12%	2012	15%	17%	Worsened
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2013	3	142	183	178	181	122	2011	178	185	No Change
Total reimbursements per enrollee (age 18-64) with employer-sponsored insurance	2014	2	102	\$4,095	\$4,438	\$4,569	\$2,720	2013	\$4,282	\$4,489	No Change
Total Medicare (Parts A & B) reimbursements per enrollee	2014	1	53	\$7,419	\$7,724	\$8,819	\$5,593	2012	\$6,883	\$8,854	No Change
2016 Scorecard								Baseline			
HEALTHY LIVES											
Mortality amenable to health care, deaths per 100,000 population	2012-13	3	145	83	70	84	47	2010-11	73	85	No Change
Breast cancer deaths per 100,000 female population	2012-13	1	2	13.8	18.8	22.8	12.3	2010-11	22.8	23.7	Improved
Colorectal cancer deaths per 100,000 population	2012-13	2	110	15.2	15.6	15.9	9.6	2010-11	17.3	16.7	Improved
Suicide deaths per 100,000 population	2012-13	5	303	24.1	16.2	12.9	6.0	2010-11	18.4	12.5	Worsened
Infant mortality, deaths per 1,000 live births	2012-13	3	139	6.1	6.2	6.0	2.5	2010-11	7.4	6.1	Improved
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2013/14	1	7	20%	19%	25%	13%	2011/12	24%	25%	Improved
Adults who smoke	2013/14	4	241	23%	20%	19%	7%	2011/12	24%	19%	No Change
Adults ages 18–64 who are obese (BMI >= 30)	2013/14	3	179	33%	29%	28%	14%	2011/12	36%	28%	Improved
Adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2012 & 2014	3	135	11%	8%	10%	2%	--	--	--	--

Table 1 Notes:

\* Data for this area not available for this indicator.

-- Historical data not available or not comparable over time.

(1) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all Hospital Referral Regions (HRRs) over the two time points. No change denotes no change in rate or a change of less than one-half of a standard deviation.

(2) Values are the unweighted average of the region's hospitals' safety composite (PSI 90) score.